



*The Commonwealth of Massachusetts  
Health Policy Commission  
Office of Patient Protection  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA 02109  
(800)436-7757 (phone)  
(617)624-5046 (fax)*

## **2016 Insurance Open Enrollment Waiver Information and Instructions**

**Massachusetts and federal law limit when you can buy certain health insurance plans. Some people may meet special conditions and can buy insurance at any time. Others must buy insurance during the open enrollment periods. The open enrollment period for 2016 health insurance plans ended on January 31, 2016.**

**If you are a Massachusetts resident and missed the open enrollment period, then you might qualify for a waiver of the open enrollment period if you meet certain criteria. You may use this form to request a waiver to enroll in health insurance coverage outside of open enrollment, from February 1, 2016 until 30 days prior to the next open enrollment period.**

- You may qualify for a waiver if you meet applicable eligibility criteria and (for example):
  - You are uninsured and did not intentionally forgo enrollment in health insurance; or
  - You lost insurance coverage but did not find out until after 60 days had passed.
- You must first apply for coverage to a health insurance plan or agent and be turned down before you can apply for a waiver. You can apply for insurance on-line through the Health Connector at [www.MAhealthconnector.org](http://www.MAhealthconnector.org) or by calling 877-MA-ENROLL. You can also apply to buy insurance directly through an insurance company or insurance agent.
- You may qualify for subsidized insurance through the Health Connector or MassHealth. If your family's income is less than 300% of the federal poverty level, different enrollment rules may apply and you might be able to enroll without a waiver (for example, a family of four with income of about \$71,550 per year/\$5,963 per month or less may be able to enroll at any time and qualify for a subsidy or MassHealth). Individuals and families with higher incomes may also qualify for subsidies, but must enroll during the open enrollment period or a special enrollment period, or apply for a waiver.
- You may not need a waiver if:
  - You lost insurance coverage recently (usually within the past 60 days); or
  - You are a small business owner buying insurance for your business; or
  - You are applying for MassHealth or subsidized insurance, and your household income is less than 300% of the federal poverty level; or
  - other reasons or qualifying events.

Please note that this form is not an application for health insurance. If your waiver request is approved, you must then complete the application process with the health insurance company or agent to which you originally applied. You will not have health insurance until the insurance company or Health Connector accepts your complete application and you pay your premium.

To apply for a waiver, you will need:

This completed Enrollment Waiver form; AND

A copy of the letter or notice denying your application to purchase health insurance

Please mail or fax your completed Enrollment Waiver form AND the notice denying your application to purchase health insurance to:

Health Policy Commission  
Office of Patient Protection  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA 02109  
Fax: 617-624-5046

### Important Phone Numbers

- If you have questions about this form or the waiver process, please call the Office of Patient Protection (OPP) at 800-436-7757. You may also contact OPP by email at [HPC-OPP@state.ma.us](mailto:HPC-OPP@state.ma.us), but we cannot accept waiver applications by email. Do not send personal health information or other confidential information to OPP by email.
- If you have questions about open enrollment rules or your eligibility for health insurance, please call the Division of Insurance at 617-521-7794.
- If you have any questions about whether you qualify for health insurance, you can call the following places for information:
  - MassHealth, 800-841-2900
  - Health Care Division, Office of the Attorney General, 888-830-6277
  - The Health Connector, [MAhealthconnector.org](http://MAhealthconnector.org) or 877-MA-ENROLL (877-623-6765)
  - Health Care For All, 800-272-4232

### About Tax Penalty Waivers

- If you are seeking a waiver of the tax penalty for being uninsured, do not use this form. Instead, go to <https://betterhealthconnector.com/minimum-creditable-coverage> for information about Massachusetts and federal exemptions.



<p>(Question 6, continued)</p>	<p>Name of health insurance company: _____</p> <p>Subscriber name: _____</p> <p>Relationship of subscriber to you: _____</p> <p>Date insurance ended: _____</p> <p>Reason insurance ended: _____</p> <p>_____</p>															
<p>7. Who do you want to include on the health plan?</p>	<p>___ Self only      ___ Self and following family members:</p> <table border="0"> <thead> <tr> <th data-bbox="511 766 592 798">Name</th> <th data-bbox="722 766 885 798">Date of birth</th> <th data-bbox="974 766 1226 798">Relationship to you</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Attach additional sheet if necessary for additional family members.</p>	Name	Date of birth	Relationship to you	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Date of birth	Relationship to you														
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_____	_____	_____														
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_____	_____	_____														
<p>8. Health insurance plan that you want to buy, if applicable.</p>	<p>Name of insurance company/plan: _____</p>															
<p>9. Did you receive a notice from the insurance company, the Health Connector or an agent telling you that you cannot enroll without a waiver?</p>	<p>___ Yes      ___ No</p> <p>If yes, please enclose a copy with this request.</p> <p><b>If no, please note that you must first apply for coverage and be turned down before you submit this request.</b></p> <p>If you attempted to complete an on-line application for health insurance and did not receive a denial notice by mail, then please print out the web page or email which says you do not qualify and include it with this application.</p>															



**SIGNATURE AND CERTIFICATION**

I \_\_\_\_\_, hereby request a waiver of the requirement that I wait until  
(Print name)  
the next open enrollment to purchase health insurance. I swear that the information provided in this  
application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant Date: \_\_\_\_\_

I certify, under the penalty of perjury, that I did not intentionally forgo enrollment into coverage for  
which I was eligible.

\_\_\_\_\_  
Signature of applicant Date: \_\_\_\_\_

**WHAT TO SEND AND WHERE TO SEND IT**

Mail the completed Request for Waiver form AND a copy of the letter or notice that told you that you  
cannot enroll in health coverage without a waiver to:

**Health Policy Commission  
Office of Patient Protection  
50 Milk Street, 8<sup>th</sup> Floor  
Boston, MA 02109**

Or fax the completed Request for Waiver form and notice to **617-624-5046**.

Please send pages 3-6 of the Request for Waiver form. You do not need to send the instruction pages.

The Office of Patient Protection will respond to your request in writing within 30 days. You can reach  
the Office of Patient Protection at 800-436-7757. You may also contact the Office of Patient Protection  
by email at [HPC-OPP@state.ma.us](mailto:HPC-OPP@state.ma.us) with questions, but we cannot accept waiver applications by email.  
**Do not** send your Request for Waiver form or any personal health information to this email address.